

**NURSING BOARD[655]**

**Adopted and Filed**

**Rule making related to licensed practical  
nurses at opioid treatment medication units**

The Board of Nursing hereby amends Chapter 6, “Nursing Practice for Registered Nurses/Licensed Practical Nurses,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 147.76.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 152.

*Purpose and Summary*

Board rules currently require that health care clinics that utilize licensed practical nurses (LPNs) must have another provider (a registered nurse (RN), an advanced registered nurse practitioner, or a physician) physically present in the proximate area at all times.

In May of 2021, the Board received a petition for waiver of the proximate-area requirement for opioid treatment medication units, which are often staffed by LPNs. After review of opioid treatment programs and medication units and the tasks performed in the unit by LPNs, the Board granted the waiver and amended the rule to add an exception for these facilities.

This rule making adds new subparagraph 6.3(11)“f”(2) to allow LPNs to work in opioid treatment medication units without having another provider physically present in the proximate area so long as an RN assesses the LPN’s competency and is available at all times for consultation. The Board believes opioid treatment programs and medication units provide critical services in response to the opioid crisis and LPNs may safely treat patients without having another provider physically present in the proximate area so long as an RN is available at all times for consultation. This rule making also eliminates now-superfluous language within subparagraph 6.3(11)“f”(1).

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on July 14, 2021, as **ARC 5778C**. A public hearing was held on August 3, 2021, at 10 a.m. at the Board’s office, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa. No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Board on October 13, 2021.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

This rule making will likely have a positive impact on jobs. During waiver proceedings, the Board was informed that it is not always feasible to have an RN physically present, and thus, these units could not remain open during periods when an RN could not be present. By eliminating the proximate-area requirement for these units, they will remain open and operational with opportunities for LPN staffing.

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 655—Chapter 15.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

### *Effective Date*

This rule making will become effective on December 22, 2021.

The following rule-making action is adopted:

Amend paragraph **6.3(11)“f”** as follows:

*f.* Health care clinics, except:

(1) The licensed practical nurse shall be permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Women, Infants and Children (WIC) clinic. A registered nurse employed by or under a contract ~~to~~ with the WIC agency will assess the competency of the licensed practical nurse to perform these functions and ~~will~~ must be available for consultation. The licensed practical nurse is responsible for ~~performing under the scope of practice for licensed practical nurses and requesting registered nurse consultation as needed. This exception to the proximate area requirement is limited to WIC clinics and to the services permitted in this subrule.~~

(2) ~~Reserved.~~ The licensed practical nurse shall be permitted to provide care, including but not limited to dispensing medications such as methadone, buprenorphine, and naltrexone, in opioid treatment program facilities and opioid treatment medication units. A registered nurse employed by or under a contract with the opioid treatment program or opioid treatment medication unit will assess the competency of the licensed practical nurse to dispense medications and must be available for consultation at all times. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

[Filed 10/19/21, effective 12/22/21]

[Published 11/17/21]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 11/17/21.